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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Guatemala

Proposed UNFPA assistance:	$3.2 million, $2 million from regular resources and $1.2 million from co-financing modalities and/or other, including regular, resources
Programme period:	Four years (2001-2004)
Cycle of assistance:	Fourth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.9	0.6	1.5
Population and development strategies	0.3	0.2	0.5
Advocacy	0.4	0.4	0.8
Programme coordination and assistance	0.4	-	0.4
Total	2.0	1.2	3.2

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GUATEMALA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	35	≥60
Contraceptive prevalence rate (%)[2]	31	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	1.04	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	119.3	≤65
Infant mortality rate (per 1,000 live births)[5]	46	≤50
Maternal mortality ratio (per 100,000 live births)[6]	190	≤100
Adult female literacy rate (%)[7]	57	≥50
Secondary net enrolment ratio (%)[8]	83	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

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1. Electronic database, World Health Organization, December, 1999.
2. United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3. UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4. United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5. United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6. The World Bank, *World Development Indicators, 2000.*
7. UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8. UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	11,385	Annual population growth rate (%)	2.58
Population in year 2015 (000)	16,385	Total fertility rate (/woman)	4.41
Sex ratio (/100 females)	101.7	Life expectancy at birth (years)	
Age distribution (%)		Males	63.0
Ages 0-14	43.6	Females	68.9
Youth (15-24)	20.8	Both sexes	65.6
Ages 60+	5.3	GNP per capita (U.S. dollars, 1998)	1,640

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2001-2004 to assist the Government of Guatemala in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $3.2 million, of which $2 million would be programmed from UNFPA's regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $1.2 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance to Guatemala. Guatemala is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme is formulated within the framework of the peace agreements that were signed in 1996 between the Government and the Unidad Revolucionaria Nacional Guatemalteca (URNG). The peace agreements set forth a framework to redress social exclusion, to promote sustainable human development and to encourage respect for human rights. The new Government, which took office early in 2000, adopted the peace agreements as the basis for its social policies.

3. Guatemala is one of seven pilot countries for which a Common Country Assessment (CCA) and a United Nations Development Assistance Framework (UNDAF) have been developed. The CCA was finished in May 2000, and the 2001-2004 UNDAF document was completed in August 2000. Both the CCA and the UNDAF were developed in close coordination with the Government, focusing on the main areas of concern delineated in the peace agreements.

4. A Country Population Assessment (CPA) was conducted as a complementary exercise to the CCA and UNDAF processes and is in full agreement with them. The CPA involved the close participation of government officials. A National Technical Group was set up in 1998 with the specific mandate of providing governmental input for the new country programme. This group generated important synergies between UNFPA and the Government. The National Technical Group will remain in existence and will provide continuity during the implementation of the proposed programme. United Nations development partners, including UNICEF, WHO/PAHO and UNDP, have also actively contributed to development of the proposed programme.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

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Background

6. The National Institute of Statistics estimated the population of Guatemala to be 11.4 million in 2000, growing at a rate of 2.6 per cent a year, one of the highest growth rates in Latin America. Guatemala is a predominantly rural country, with 65 per cent of its population living in rural areas, and 40 per cent of the population belongs to one of 22 indigenous groups. Maternal mortality rates are high: in 1995 it was estimated to be 190 per 100,000 live births. The total fertility rate is 5 children per woman according to the 1998-1999 demographic and health survey (DHS), but there are important internal disparities: from 4.1 for urban women to 5.8 in rural areas and 6.2 for indigenous women. High fertility among adolescents is an issue of great concern.

7. A total of 31 per cent of women who are married or in consensual unions use modern contraceptive methods and 7 per cent use traditional ones. While 52 per cent of urban women use a contraceptive method, only 27 per cent of rural women and 13 per cent of indigenous women do so. The most widely used method is female sterilization, reported by 17 per cent of women in unions. Unmet need for contraception remains high in that 58 per cent of women who are in unions do not wish to have any more children. Moreover, 26 per cent of the women not using contraceptives were planning to use some method in the subsequent 12 months.

8. After Honduras, Guatemala has the highest prevalence of HIV/AIDS infections in Central America, with an infection rate of about 1 per cent of the population aged 15-24. According to official statistics, the number of infections is steadily increasing. Legislation on prevention of HIV/AIDS has been enacted, and a National Programme of Prevention has been put in place to address this serious issue.

9. The peace agreements highlighted the issue of gender inequality and permitted the establishment of the Women's Forum and the Counselling Office for Indigenous Women. The National Plan for Equal Opportunities was issued in 1999. MINUGUA (United Nations Verification Mission in Guatemala) reports indicate that although some progress has been made, there is still much to be done to achieve gender equality in economic life and in access to such social services as education and health.

Previous UNFPA assistance

10. The previous (third) country programme was originally approved for the period 1994-1997 and was later extended to 2000 in order to ensure full implementation and to harmonize UNFPA's programme cycle with those of its partner agencies in the United Nations Development Group. As a result of the extension of the previous programme cycle, the new country programme could be negotiated with the newly elected administration, which took office early in 2000. During 1994-2000, a total of $3.5 million was allocated to the programme, of

which $2.0 million were regular UNFPA funds. The remaining $1.5 million came from external sources, mostly from the European Union.

11. The previous programme, formulated prior to the ICPD, focused its activities on the reduction of maternal mortality and on raising awareness of population issues. As part of the latter initiative, UNFPA supported an Intersectoral Commission on Population and Education, a joint undertaking by the Ministry of Education and civil society organizations in the framework of the education reform set forth in the peace agreements. This commission, a mechanism for building consensus on population education, was a unique experience in the region and has had a significant social impact. It includes the principal churches of the country, universities, trade unions and government bodies. It succeeded in incorporating population issues into the curricula of primary and pre-primary education, and it served as a national forum for the discussion of population issues.

12. UNFPA supported the Ministry of Health in the implementation of a comprehensive model for reducing maternal mortality within the framework of health sector reform. Technical and financial assistance were provided to the Uspantan regional hospital for the design and implementation of a referral network and for the training of birth attendants. This approach of combining traditional and modern health care proved effective in promoting increased use of available services by indigenous populations.

13. In the area of population and development strategies, activities focused on supporting the National Institute of Statistics in the improvement of data collection and in refining the indicators on poverty that were needed for the formulation and impact evaluation of social policies. The results of the population census of 1994 enabled the updating of information on many demographic variables. As part of the process of decentralization, UNFPA supported the municipality of Quezaltenango, the second largest municipality in the country, in utilizing population information in local development plans.

14. The peace agreements created new opportunities to promote gender equality and to empower women. UNFPA has promoted the strengthening of the national capacity to produce census and survey data that incorporate a gender perspective. UNFPA has also supported a programme for the prevention and eradication of gender violence.

15. Several key lessons were learned from the experience of previous programmes. First of all, it is vitally important to ensure government ownership of the country programme. To this end, representatives of the Government, through the National Technical Group, were heavily involved in the preparation of the proposed programme. It is also very important to inform and sensitize public opinion on population issues through the media and to actively promote consensus-building processes among government and civil society organizations about those issues.

16. UNFPA is the United Nations agency with the most experience in the fields of population and reproductive health in the country and has proved to be a reliable partner in those areas for both government and civil society organizations in the consensus-building processes launched since the signing of the peace agreements. This position as a bridge between different sectors of society and the ability to communicate effectively and to convey the need for a sustained consensus on population and development issues are important assets for UNFPA. The perceived neutrality of the United Nations system is an additional advantage for UNFPA. It provides room for negotiation and mediation with civil society organizations and government institutions on sensitive issues, as is the case with reproductive health in Guatemala.

Other external assistance

17. With the signing of the peace agreements, international assistance to the country increased significantly. Entities such as the Inter-American Development Bank (IDB), the World Bank and the European Union have supported health and education sector reforms. In the area of population, the United States Agency for International Development (USAID) has been the major supplier of contraceptive commodities and staff training. The United Nations system, IDB, the World Bank, the Netherlands and Sweden have also supported data collection, particularly through surveys. Sweden played a key role in supporting the UNDAF process.

18. The United Nations system, together with the European Union, the Netherlands and Spain, supported gender mainstreaming into public policies by promoting the development and enactment of legal amendments and the National Plan for Equal Opportunities; by strengthening the Women's Bureau, the Counselling Office for Indigenous Women and other women's organizations; and by monitoring the implementation of the Platform for Action of the Fourth World Conference on Women and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in conjunction with the Government and civil society organizations.

Proposed country programme

19. The ultimate goal of the proposed programme is to contribute to government efforts aimed at raising the living standards of Guatemala's population by: (a) improving the reproductive health situation of the country, especially through the reduction of maternal mortality; (b) improving gender equality; and (c) enhancing the balance between economic growth and population dynamics in the context of sustainable development. To achieve these, the proposed country programme would consist of three subprogrammes: reproductive health, population and development strategies, and advocacy. Discussions are under way with other potential donors on possible co-financing arrangements for portions of the proposed programme.

20. Reproductive health subprogramme. UNFPA would assist the Government in the formulation of a national policy on reproductive health. A consensus-building effort among all relevant sectors will be promoted to ensure full support for such a policy. Proper integration of reproductive health issues into the school curricula will be part of the national policy, thereby contributing to the education reform being carried out within the framework of the peace agreements. It is expected that the implementation of the policy on reproductive health, together with the prevention of adolescent pregnancy through the education system, will have a significant impact in raising awareness, preventing transmission of sexually transmitted infections (STIs) and HIV/AIDS, promoting responsible behaviours and reducing maternal mortality.

21. The reduction of maternal mortality was among the targets set forth in the peace agreements. Since then, the issue has been at the top of the national development agenda, and UNFPA has been providing support to governmental and civil society efforts in this area. The Government has recently adopted a new approach that considers the problem within the framework of a broader reproductive health context.

22. The proposed programme would aim at improving the quality and coverage of the reproductive health service delivery in certain geographic areas in which UNFPA will be active. These areas will be determined in consultation with the Ministry of Health and other United Nations development partners to ensure a coordinated effort. As part of the 2001-2004 UNDAF, it has been suggested that at least one area of the country will be selected in which all United Nations agencies would support a common programme.

23. The first output of the subprogramme would be strengthened capacity on the part of the Ministry of Health to design and effectively implement the reproductive health policy. The role of UNFPA will be to provide technical assistance and to advise the Ministry. Such assistance would include the involvement of the Country Technical Services Team (CST) in Mexico City, Mexico, in providing information on the design and implementation of reproductive health policies in other countries, helping to assess the particularities of the situation in Guatemala, and providing technical expertise in the elaboration of a strategy to implement the policy.

24. The second output would be the inclusion of reproductive health issues in education curricula and increased capacity on the part of the education system to implement these new curricula. The implementation would include training of teachers and would work to gain the involvement of parents and local authorities. This area of work draws on the successful experience achieved with the Intersectoral Commission on Population and Education, which will continue receiving support from UNFPA. Such support will be designed to strengthen a forum that brings together the Government, civil society organizations, churches, universities, and other concerned parties to consider such topics as sexual and reproductive health, maternal mortality, adolescent pregnancies, and STIs and HIV/AIDS.

25. The third output would be related to activities at the local level aimed at the improvement of the quality and coverage of reproductive health service delivery. Initiatives to achieve this output will be implemented in certain areas of the country, still to be determined. They would include improving the technical capacity of health-service providers and improving the referral system for emergency obstetric care. Support will also be given to increase community awareness of maternal mortality and other reproductive health issues and to improve the availability and use of information to monitor the maternal mortality trends in those communities.

26. Reproductive health commodity security. Among external assistance agencies, USAID is the most important provider of contraceptive commodities and methods through a supply programme that has been approved through 2004. Under this programme, in 1998 contraceptives were distributed that provided 470,000 couples with a year's worth of protection. The breakdown shows that 43 per cent were surgical methods, 23 per cent oral contraception, 13 per cent intra-uterine devices (IUDs), 12 per cent injectables and only 8 per cent barrier methods. The Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), the largest national NGO in the reproductive health sector, provides 38 per cent of all contraceptives, followed by the public health sector with 15 per cent, the social security system with 5 per cent and the private sector, including pharmacists, private hospitals and clinics, with 27 per cent. The remaining 15 per cent are provided by others, including other NGOs. In view of the current availability of a wide variety of methods, no direct UNFPA provision of contraceptives is foreseen under the proposed programme.

27. Population and development strategies subprogramme. The population and development strategies subprogramme aims at improving both the allocation of public resources and national capacity for the formulation, execution and evaluation of social policies and programmes that take population dynamics and characteristics into account. It is expected that by the end of the programme, the Government will have increased capacity to integrate the ICPD Programme of Action into the country's social and economic planning and policies. UNFPA's support will consist of technical assistance and advisory services.

28. The first output would be strengthened national capacity to produce population data. UNFPA would give assistance to enhance coordination between the National Institute of Statistics and other institutions so that definitions and methodologies to produce data are unified for use by both government institutions and civil society organizations. It is expected that this will result in a framework of indicators that is coherent, consistent and widely accepted and used.

29. As mentioned above, the reduction of maternal mortality is an indicator of progress in the implementation of the peace agreements. In this regard, it is important to ensure that maternal deaths are consistently measured and receive adequate attention by the Government, civil society

and the donor community. Divergent views on the measurement of this indicator have raised questions about its validity as a benchmark of progress towards peace. Therefore, there is a clear need to refine and agree upon a methodology among all parties involved. UNFPA will assist in this effort.

30. UNFPA will also support the Government in the implementation of the next population census scheduled for the year 2004. This will be the first census undertaken after the signing of the peace agreements and, as such, will be of importance in monitoring the results of the agreements. UNFPA support would include assistance to the Government to mobilize resources to carry out the census.

31. The second output would be strengthening capacity to analyse socio-demographic data and produce relevant information that will help to incorporate population issues into national policies. To this end, the capacity of several institutions, such as the Secretariat for Women, the national planning agency, the National Institute of Statistics, ministries, municipalities and universities, to analyse population data will be improved. Activities will include support for training, research, exchange programmes and cooperation between agencies.

32. Advocacy subprogramme. One of the purposes of the current programme would be to raise awareness and understanding of the goals of the ICPD and to gain broader social support for the Programme of Action. The proposed advocacy subprogramme would serve to gain support for and complement the activities of the reproductive health and population and development strategies subprogrammes.

33. The first output would be that the ICPD Programme of Action is more fully understood and endorsed and that key stakeholders, including parliamentarians, media and civil society, are able to reach consensus and work together in order to promote population issues among their respective constituencies and to put these issues on the national political agenda. It is also expected that the country will have lifted the reservations it expressed in 1994 with respect to the ICPD Programme of Action.

34. The second output would be strengthened capacity in the Ministry of Health to mainstream reproductive health into government health policies and most particularly into the health sector reform process. To this end, the Social Communications Unit of the Ministry would be strengthened. Activities would target decision makers in the public sector at various levels and technical groups capable of influencing public opinion, such as, among others, the media, schools of medicine and professional associations. At the end of the programme, it is expected that reproductive health will be fully addressed in health sector planning and that the initiatives of the Ministry in the areas of reproductive health and population will be endorsed by the cabinet and by society at large.

35. The third output of the subprogramme would be to raise awareness and understanding about reproductive health among those parts of the population most in need, particularly adolescents, youth and indigenous peoples. To this end, the subprogramme would include public campaigns with specific components targeting those groups, using extensive coverage in the mass media. Local radio stations would broadcast messages in Maya languages on gender equality and male participation in fostering reproductive health.

Programme implementation, coordination, monitoring and evaluation

36. The National Technical Group (NTG) that was established to ensure full government participation in the CPA has proved to be very useful in the formulation of the country programme. It would also play an important role in the monitoring and evaluation of the proposed programme. The NTG is expected to ensure government ownership of the proposed programme. UNFPA and the NTG will work together to establish a monitoring plan to analyse programme progress.

37. A review of the programme and its subprogrammes will be made annually by UNFPA and the National Technical Group. The mid-term review will be carried out at the end of 2002. After the mid-term review, at the beginning of 2003, the Common Country Assessment (CCA) for the next UNDAF will be initiated.

38. As in previous UNFPA programmes in Guatemala, execution of the proposed programme would involve both the Government and civil society organizations. UNFPA and the National Technical Group will support coordination among the executing institutions through periodic meetings. This coordination will be designed to strengthen programme execution by increasing cooperation and synergies among government bodies and civil society organizations. Technical backstopping will be provided by national experts and by the CST.

39. UNFPA has been and will continue to be active in pursuing the goals stated in the 2001-2004 UNDAF, which are fully reflected in the proposed programme, in conjunction with other United Nations agencies, governmental authorities, civil society organizations and other multilateral and bilateral donors. As a contribution to this joint endeavour, UNFPA will be actively involved in thematic groups, especially in those dealing with health, gender, education and HIV/AIDS (currently under UNFPA coordination).

40. The UNFPA field office is composed of a Representative, one National Programme Officer and support staff. National Professional Project Personnel would be contracted to support subprogramme management. Under the proposed programme, the amount of $400,000 from regular sources would be allocated for programme coordination and assistance.

Recommendation

41. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Guatemala, as presented above, in the amount of $3.2 million over the period 2001-2004, $2 million of which would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $1.2 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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